

## General

### Title

Assessment and management of chronic pain: percentage of patients diagnosed with chronic pain who are prescribed an opioid who have an opioid agreement form and urine toxicology screen documented in the medical record.

### Source(s)

Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Nov. 91 p. [187 references]

## Measure Domain

### Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients diagnosed with chronic pain who are prescribed an opioid who have an opioid agreement form and urine toxicology screen documented in the medical record.

### Rationale

The priority aim addressed by this measure is to improve the effective use of opioid medications in the treatment of adult patients with chronic pain.

## Primary Clinical Component

Chronic pain; cervical and lumbar pain; headache; other disorders of soft tissues; myalgia/myositis and unspecified fibromyositis; opioids; opioid agreement form; urine toxicology screen

## Denominator Description

All patients 16 years and older who meet the criteria for chronic pain or related diagnosis who are prescribed an opioid (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## Numerator Description

Number of medical records that are reviewed that have evidence of an opioid agreement form and a urine toxicology screen

## Evidence Supporting the Measure

### Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## Evidence Supporting Need for the Measure

### Need for the Measure

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

Internal quality improvement

## Application of Measure in its Current Use

### Care Setting

Physician Group Practices/Clinics

## Professionals Responsible for Health Care

Physicians

## Lowest Level of Health Care Delivery Addressed

Group Clinical Practices

## Target Population Age

Age greater than or equal to 16 years

## Target Population Gender

Either male or female

## Stratification by Vulnerable Populations

Unspecified

# Characteristics of the Primary Clinical Component

## Incidence/Prevalence

See the "Burden of Illness" field.

## Association with Vulnerable Populations

Unspecified

## Burden of Illness

A high percentage of patients with chronic pain have co-existing depression. In 2004, data were examined from primary care centers worldwide by the World Health Organization. They found that 22% of all primary care patients suffer from chronic debilitating pain. Further, they found that patients with chronic pain were four times more likely to have comorbid depressive disorder than pain-free primary care patients. The findings also showed that the more diffuse the pain complaints, the greater the risk of depression and the bigger the impact on quality of life.

If depression in a chronic pain patient is severe or comorbid major depressive disorder is present in a patient with chronic pain, it is important to note that such patients are at increased risk of suicide.

Chronic pain, whether due to an occupational injury or a personal medical condition, can impair an individual's ability to perform normal work. Physical impairment is often magnified by additional factors including sedating medications, deconditioning, sleep disturbance, psychosocial stressors and depression, cultural or personal beliefs regarding pain and disability, additional time demands for medical care and activities of daily living, etc.

## Evidence for Burden of Illness

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Breslau N, Davis GC, Andreski P. Migraine, psychiatric disorders, and suicide attempts: an epidemiologic study of young adults. *Psychiatry Res.* 1991 Apr;37(1):11-23. [PubMed](#)

Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Nov. 91 p. [187 references]

LÃ©pine JP, Briley M. The epidemiology of pain in depression. *Hum Psychopharmacol.* 2004 Oct;19 Suppl 1:S3-7. [33 references] [PubMed](#)

Magni G, Rigatti-Luchini S, Fracca F, Merskey H. Suicidality in chronic abdominal pain: an analysis of the Hispanic Health and Nutrition Examination Survey (HHANES). *Pain.* 1998 May;76(1-2):137-44. [PubMed](#)

## Utilization

Unspecified

## Costs

Unspecified

# Institute of Medicine (IOM) Healthcare Quality Report Categories

## IOM Care Need

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

# Data Collection for the Measure

## Case Finding

Users of care only

## Description of Case Finding

Patients age 16 years and older with chronic pain

Each month, a sample of patients with chronic pain seen in the past month is identified by specific International Classification of Diseases, Ninth Revision (ICD-9) codes (see the "Denominator Inclusions/Exclusions" field) or other ICD-9 codes identified by the organization\*.

A chart abstraction is conducted to determine whether or not there is any evidence of an "Opioid

Agreement" and a urine toxicology screen in the medical record.

Suggested data collection time frame is monthly.

\*Refer to the original measure documentation for suggestions on identifying other ICD-9 codes.

## Denominator Sampling Frame

Patients associated with provider

## Denominator Inclusions/Exclusions

### Inclusions

All patients 16 years and older who meet the criteria for chronic pain\* or related diagnosis as identified by the following International Classification of Diseases, Ninth Revision (ICD-9) codes who are prescribed an opioid

A few examples are:

Chronic Pain: 338.xx\*\*

Cervical and Lumbar Pain: 720.x, 721.x, 722.x, 723.x, 724.x, 847.x

Headache: 307.8x, 784.0

Other disorders of soft tissues: 729.x

Myalgia and myositis, unspecified fibromyositis: NOS: 729.1

\*Chronic pain is defined as:

Persistent pain

Either continuous or recurrent

Of sufficient duration and intensity to adversely affect a patient's well-being, level of function, and quality of life

At six weeks (or longer than the anticipated healing time), patients should be thoroughly evaluated for the presence of chronic pain.

Chronic pain syndrome is defined by the work group as a constellation of behaviors related to persistent pain that represents significant life role disruption that occurs at the end of the spectrum of chronic pain.

\*\*Refer to the International Classification of Diseases 2008 ICD-9-CM, page 13, regarding specifications for the 338 ICD-9 code.

### Exclusions

Unspecified

## Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

## Denominator (Index) Event

Clinical Condition

Encounter

Therapeutic Intervention

## Denominator Time Window

Time window is a single point in time

## Numerator Inclusions/Exclusions

### Inclusions

Number of medical records that are reviewed that have evidence of an opioid agreement form and a urine toxicology screen

### Exclusions

Unspecified

## Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## Numerator Time Window

Episode of care

## Data Source

Administrative data

Medical record

## Level of Determination of Quality

Individual Case

## Pre-existing Instrument Used

Unspecified

## Computation of the Measure

## Scoring

Rate

## Interpretation of Score

Better quality is associated with a higher score

## Allowance for Patient Factors

Unspecified

## Standard of Comparison

Internal time comparison

## Evaluation of Measure Properties

### Extent of Measure Testing

Unspecified

## Identifying Information

### Original Title

Percentage of patients diagnosed with chronic pain who are prescribed an opioid who have an opioid agreement form and urine toxicology screen documented in the medical record.

### Measure Collection Name

Assessment and Management of Chronic Pain Measure

### Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

### Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

### Funding Source(s)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

### Composition of the Group that Developed the Measure

*Work Group Members:* Richard Timming, MD (Work Group Leader) (HealthPartners Medical Group) (Physical Medicine and Rehabilitation); W. Michael Hooten, MD (Mayo Clinic) (Anesthesiology); Louis Saeger, MD (Midwest Spine Institute) (Anesthesiology); Brian Bonte, DO (Hutchinson Medical Center) (Family Medicine); David von Weiss, MD (Park Nicollet Health Services) (Family Medicine); Susan Ferron, MD (Community University Health Care Center) (Internal Medicine); James Smith, MD (HealthPartners Medical Group) (Internal Medicine); Miles Belgrade, MD (Fairview Health Services) (Neurology); Galina Shteyman, PharmD (Park Nicollet Health Services) (Pharmacy); Neal Walker, RPh (Fairview Range Regional Health Services) (Pharmacy); Barbara Bruce, PhD (Mayo Clinic) (Psychology); Janet Jorgenson-Rathke, PT, MA (Institute for Clinical Systems Improvement) (Facilitator); Pam Pietruszewski, MA (Institute for Clinical Systems Improvement) (Facilitator)

### Financial Disclosures/Other Potential Conflicts of Interest

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Miles Belgrade, MD, received speaker's fees from Pfizer, Purdue Pharma, and PriCara; and has family-owned stock in Johnson & Johnson.

Michael Hooten, MD, participated in research projects through Mayo Clinic funded by Pfizer.

No other work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at [www.icsi.org](http://www.icsi.org) .

## Adaptation

Measure was not adapted from another source.

## Release Date

2007 Mar

## Revision Date

2009 Nov

## Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jul. 84 p.

## Source(s)

Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2009 Nov. 91 p. [187 references]

## Measure Availability

The individual measure, "Percentage of Patients Diagnosed with Chronic Pain Who are Prescribed an Opioid Who Have an Opioid Agreement Form and Urine Toxicology Screen Documented in the Medical Record," is published in "Health Care Guideline: Assessment and Management of Chronic Pain." This



document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org) ; e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## NQMC Status

This NQMC summary was completed by ECRI on May 29, 2007. This NQMC summary was updated by ECRI Institute on October 24, 2008 and again on May 25, 2010.

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